

**STATE OF UTAH  
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**

**APPLICATION FOR REGISTRATION**

**PROFESSIONAL EMPLOYER ORGANIZATION**

DOPL-AP-049 REV 03/27/2003

**APPLICATION INSTRUCTIONS AND INFORMATION**

**General Statement:** The Division desires to provide courteous and timely service to all applicants. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply all necessary information will delay processing and may result in denial of registration. Please read all instructions carefully.

**Address of Record:** The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address.

**Social Security Number:** A social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

**SUPPORTING DOCUMENTS AND FEES:**

In addition to submitting a complete application, submit the following:

1. Submit a list by jurisdiction of each name under which the PEO has operated in the preceding five (5) years, including any alternative names, names of predecessors, and if known, names of successor business entities.
2. Submit a statement of ownership, which includes the names of all individuals who individually or acting in concert with one or more other persons, owns or controls, directly or indirectly, 10% or more of the equity interests of the PEO.

**OR**

If you are a PEO domiciled outside the state of Utah and employ less than 50 employees in the state of Utah, you are exempt from submitting a statement of ownership, as described above. However, if you qualify for this exemption, you must submit a statement that you are exempt and that you meet the above requirement.

3. Submit a statement of management, which includes the names of all officers and any person who has the authority to act as a senior executive officer of the PEO.

**OR**

If you are a PEO domiciled outside the state of Utah and employ less than 50 employees in the state of Utah, you are exempt from submitting a statement of management, as described above. However, if you qualify for this exemption, you must include a statement that you are exempt and that you meet the above requirement.

4. Submit a \$2,000.00 non-refundable application-processing fee.

**Please Note:** The application fee will increase to \$2,010.00 on July 1, 2003.

**ADDITIONAL IMPORTANT INFORMATION:**

1. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your practice as a professional employer organization. The following applicable laws and rules are available on the Internet at [www.dopl.utah.gov](http://www.dopl.utah.gov):

- ☐ Division of Occupational and Professional Licensing Act
- ☐ General Rules of the Division of Occupational and Professional Licensing
- ☐ Professional Employer Organization Registration Act

You may also purchase the law and rules for a fee from Experior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009.

2. **Current Documents:** Applications, statutes and rules may change from time to time. If you have not recently obtained any of these documents, you may want to contact the Division or visit our Internet site to verify that you have current versions.
3. **Registration Renewal:** All professional employer organization registrations expire on September 30 of each year.

Unlike many other states, Utah's registration renewal schedule **is not** based on the licensee's

date of initial registration. Under Utah's renewal system, all PEO registrations expire as a group on the same day every year. Therefore, the length of a PEO's first renewal cycle depends on how far into the current renewal cycle initial registration was obtained. Each renewal cycle thereafter is for a full year.

Additionally, the fee paid with this application for registration is an application-processing fee only. It does not include a renewal fee. Each registrant is responsible to renew registration **PRIOR** to the expiration date shown on the current registration. Renewal information is disseminated to each registrant at the registrant's last known address, as provided to the Division, approximately three months prior to the expiration date shown on the registration. Therefore, you are required to notify the Division of any change of address within 10 days after the change.

4. **Payments:** Make licensure fees payable to "DOPL."

5. **Mail Complete Application to:**

**By U.S. Mail**

Division of Occupational & Professional Licensing  
P. O. Box 146741  
Salt Lake City, Utah 84114-6741

**By Delivery or Express Mail**

Division of Occupational & Professional Licensing  
160 East 300 South, 1<sup>st</sup> Floor  
Salt Lake City, Utah 84114-6741

6. **Telephone Numbers:** (801) 530-6628  
(801) 530-6396  
(801) 530-6727

(866) ASK-DOPL – Toll-free in Utah  
(866) 275-3675

7. **Fax Number:** (801) 530-6511

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# APPLICATION FOR REGISTRATION

The business legal name is the name that will appear on the registration and is the actual name under which the PEO will be conducted. If the applicant for registration is a business entity, this is normally the name registered with the Utah Division of Corporations. If there is a fictitious business name (doing business as), list that name also, e.g., XYZ Corporation dba XYZ Professional Employer Organization. If you are going to operate under your own personal given name, this will also be your business name.

**APPLICATION FOR:** \_\_\_\_\_ Registration as a Professional Employer Organization \_\_\_\_\_

**BUSINESS LEGAL NAME:** \_\_\_\_\_

**FEDERAL TAX ID NUMBER:** \_\_\_\_\_

**CONTACT PERSON FOR REGISTRATION PURPOSES:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**MAILING ADDRESS:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Telephone: \_\_\_\_\_

**DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY**

Registration/Certificate Number: \_\_\_\_\_

Date Registration/Certificate Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date Registration/Certificate Denied: \_\_\_\_\_

Denied By: \_\_\_\_\_

Reason For Denial/Other Comments: \_\_\_\_\_

# PROFESSIONAL EMPLOYER ORGANIZATION QUALIFYING QUESTIONNAIRE

Answer “Yes” or “No” for each question. Do not leave any questions unanswered.

1. \_\_\_\_\_ Has the applicant ever had a license, certificate, permit, or registration to practice in a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way, or is there any disciplinary action pending against the applicant by any licensing agency?
2. \_\_\_\_\_ Has the applicant ever been arrested for, charged with, pled guilty or no contest to, or been convicted of a misdemeanor or felony charge in any jurisdiction during the last 10 years? (Minor traffic offenses such as parking or speeding violations need not be listed but motor vehicle offenses such as driving while impaired or intoxicated must be disclosed.)
3. \_\_\_\_\_ Has the applicant ever filed for, or been subjected to an involuntary petition for, or been adjudicated bankrupt, or sought protection under the bankruptcy laws during the last 10 years?
4. \_\_\_\_\_ Has there been any judgement or is there any pending judgement entered against the applicant in any court during the last 10 years?
5. \_\_\_\_\_ Has the applicant ever been denied a bond, or had a bonding or surety company make a financial settlement on their behalf?
6. \_\_\_\_\_ Does the applicant have any outstanding unpaid past due bills, claims for salaries or wages, judgements, assessments, or tax liens.

**If you answered “yes” to any of the above questions, enclose complete information with respect to all circumstances and the final result, if such has been reached.**

Printed Name / Title of Person Completing Form: \_\_\_\_\_

Signature / Date of Person Completing Form: \_\_\_\_\_

# AFFIDAVIT AND RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact. To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understands that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records or information of any type reasonably required for the Division to properly evaluate the applicant's qualifications for licensure by the State of Utah, including the criminal history background performed by the Utah Bureau of Criminal Identification.

Printed Name / Title of Person Completing Form: \_\_\_\_\_

Signature / Date of Person Completing Form: \_\_\_\_\_